

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0050921

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 7024

FILED JAN 17 1964

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Kansas City,</b>		c. CITY OR TOWN <b>Leawood,</b>	
Length of stay in 1b <b>3 Years</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If not in hospital, give location) <b>557 Main K.C.Mo.</b>		d. STREET ADDRESS (If outside, give location) <b>9805 Mohawk Lane</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Cecelia</b> Middle <b>Courtney</b> Last <b>Tobin</b>			4. DATE OF DEATH Month <b>Dec.</b> Day <b>24</b> Year <b>1963</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/18/1881</b>	9. AGE (last birthday) <b>82</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Her Self</b>		11. BIRTHPLACE (City and state or country) <b>Nashua, Iowa</b>	
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		13a. FATHER'S NAME <b>George K. Smith</b>			
13b. MOTHER'S MAIDEN NAME <b>Hannah E. Black</b>		14. NAME OF HUSBAND OR WIFE <b>Lawrence M. Tobin</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT <b>Mr. Frederick N. Stephens</b>	
Address <b>Leawood, Kansas.</b>					

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>General + Cerebral Arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 years</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <b>-</b> DUE TO (c) <b>-</b>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arterio Sclerotic Heart Disease</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>Gastro-intestinal Hemorrhage, unknown Cause, possible</b>			

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>-</b>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <b>-</b>			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>-</b>	20f. CITY, TOWN, OR LOCATION <b>-</b>	COUNTY <b>-</b>	STATE <b>-</b>
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21. I attended the deceased from <b>540 p.m. 7/17/56</b> to <b>12/24/63</b> and last saw her alive on <b>12/24/63</b>	
Death occurred at <b>540 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <b>William Bayne Allen MD</b>	(Degree or title)	22b. ADDRESS <b>4620 J.C. Parkway Kansas City, Mo</b>	22c. DATE SIGNED <b>12/26/63</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-27-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mount Olivet Cemetery</b>	23d. LOCATION (City, town, or county) <b>Kansas City, Missouri.</b>
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24. FUNERAL DIRECTOR <b>D.W. Newcomer's Sons</b>	ADDRESS <b>Overland Park, Kansas.</b>	25. DATE RECD. BY LOCAL REG. <b>12-26-63</b>	26. REGISTRAR'S SIGNATURE <b>Bessie Smith</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

William Bayne Allen

Dr. William Bayne Allen  
4620 E. C. Richards Bldg.  
SE. 1-1225

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

Charles B. Ehternacht

Licensed Embalmer No.

3035

P.O. Address

Overland Park, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above: